


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 803136 (1)
1. Corporation Name
JOHN HANCOCK, MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business JOHN HANCOCK PLACE, P.O. BOX 111 BOSTON MA 02117	Mailing Address JOHN HANCOCK PLACE, P.O. BOX 111 BOSTON MA 02117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1927	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-1414660	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	NAME	SANBORN, BARRY P. (ASST.)	1.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			JOHN HANCOCK PLACE	1.2 NAME	Antionette Ricci		
CITY - ST - ZIP			BOSTON MA	1.3 STREET ADDRESS			
				1.4 CITY - ST - ZIP			
TITLE	PD	NAME	BROWN, STEPHEN L.	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			JOHN HANCOCK PLACE	2.2 NAME			
CITY - ST - ZIP			BOSTON MA	2.3 STREET ADDRESS			
				2.4 CITY - ST - ZIP			
TITLE	PD	NAME	BOYAN, WILLIAM L.	3.1 TITLE	President and COO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			JOHN HANCOCK PLACE	3.2 NAME	David F. D'Alessandro		
CITY - ST - ZIP			BOSTON MA	3.3 STREET ADDRESS			
				3.4 CITY - ST - ZIP			
TITLE	VS	NAME	SKRINE, BRUCE E.	4.1 TITLE	Vice President, Counsel and Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			JOHN HANCOCK PL	4.2 NAME	Barry J. Rubenstein		
CITY - ST - ZIP			BOSTON MA	4.3 STREET ADDRESS			
				4.4 CITY - ST - ZIP			
TITLE	T	NAME	FARADY, JOHN T.	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			JOHN HANCOCK PLACE	5.2 NAME			
CITY - ST - ZIP			BOSTON MA	5.3 STREET ADDRESS			
				5.4 CITY - ST - ZIP			
TITLE	V	NAME	SCIPIONE, RICHARD S.	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			JOHN HANCOCK PLACE	6.2 NAME			
CITY - ST - ZIP			BOSTON MA	6.3 STREET ADDRESS			
				6.4 CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Antionette Ricci

Antionette Ricci

Assistant Secretary

1/15/97 6175725800

CR2E034 (10/97)